

EXHIBIT 210

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Sheily Lopez Bocadica

Participant's Address:

HC-01 Box 3650 Villalba, PR 00764

Participant's Email Address:

sheily-lopez@yahoo.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

No. 17 BK 3283 LTS Ley 227 Aumento en escalg

Nature of Claim:

Aumento en Escala

By:

Sheily Lopez Bocadica

Signature

Sheily Lopez Bocadica

Print Name

Ministro de Justicia II

Title (if Participant is not an individual)

13- agosto - 2021

Date

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Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Sheily Lopez Bocadica
Hc-01 Box-3650
Villalba P.R. 00766

SAN JUAN PR 009
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Grand Central Station
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